

NOV 12 2004

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: November 12, 2004

TO: Examiner: Phung Nguyen : **RE: U.S. Patent Application**
Art Unit: 2632 : **Serial No.: 09/754,592**
Fax: (703) 872-9314 : **Applicant: Holmes et al.**
From: Rozell Williams, Jr. : **Atty. Dkt. No.: 9D-HR-19412 Holmes et al.**

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.)
Amendment in response to Office Action dated August 12, 2004 (11 pgs.)
Certificate of Facsimile Transmission (1 pg.)

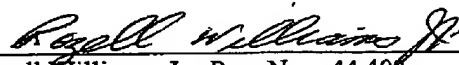
Total pages including cover page: 15

If all pages are not received, please contact: Linda Schindler at Ext. 7018

RE: The above referenced U.S. Patent Application
Title: METHODS AND APPARATUS FOR DETECTING REFRIGERATOR DOOR OPENINGS
Filed: January 5, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 730.872.9314 on the date shown above.



Rozell Williams, Jr., Reg. No.: 44,403

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PATENT
Attorney Docket No.: 9D-HR-19412-Holmes et al.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant: Holmes et al.

Serial No.: 09/754,592

Filed: January 5, 2001

For: METHODS AND APPARATUS FOR
DETECTING REFRIGERATOR DOOR
OPENINGS: Art Unit: 2632
:
: Examiner: Nguyen, Phung
:
:
:
:
:Mail Stop: AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 - Amendment Transmittal (3 pgs., *in duplicate*)
 - Amendment in response to the Office Action dated August 12, 2004 (11 pgs.)
 - Return post card

STATUS

2. Applicant

☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
___ deposited with the United States Postal Service with
sufficient postage as Express Mail, in an envelope
addressed to the Commissioner for Patents, Washington,
D.C. 20231

Date: November 12, 2004

FACSIMILE
✓ transmitted by facsimile to the Patent and
Trademark Office to fax number (703) 872-9314.


Rozell Williams, Jr.
Reg No. 44,403

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NOV 12 2004

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
	MINUS		=	x \$9 = \$		x \$18 = \$
TOTAL INDEP.	MINUS		=	x \$43 = \$		x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

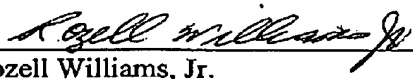
5. Attached is a check in the sum of \$_____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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